

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 1.

(1) PLACE OF BIRTH
 County of Beaufort
 Township of Beaufort
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only

92385

Registration District No. 600 Registered No. 1380
 (For use of Local Registrar)

(2) Full Name of Child Jimmy Bee } If child is not yet named, make supplemental report as directed

(3) Boy BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 5, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME J Bee
 (9) PRESENT POSTOFFICE OF FATHER Paris Island
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 21
 (Years)
 (12) BIRTHPLACE Paris Island
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Diana South
 (15) PRESENT POSTOFFICE OF MOTHER Paris Island
 (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 21
 (Years)
 (18) BIRTHPLACE Paris Island
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.
 (23) (Signature) Sarah B. Bryant
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 191.....
 Registrar

(20) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filled 191..... (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

K O D A K S A